

Chapter Five

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Service Array and Development

- 1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.**

I. Overview

CA provides reunification services delivered by internal programs, contracted providers, other DSHS programs, and community organizations. Partnering with community organizations, addressing cultural issues, providing interpreters when necessary, arranging for other state-provided services such as mental health care, and mobilizing informal support systems are all regarded as essential to successful reunification.

These services are designed to build on family strengths, engage families in problem-solving efforts and protect children. The level of agency involvement is commensurate with the level of assessed risk. Decision-making is a shared responsibility in both case planning and service delivery.

II. Program Description

Services are provided to families to help in reunification in three ways: (1) direct delivery by CA staff, (2) contracted services, and (3) community services. CA-delivered services include case management, assessment and placement. The following three lists of services are examples of types of services available to support reunification, and are not an exhaustive list of all possible services that can be accessed by CA.

(1) Services provided by the Children's Administration

Child Protective Services (CPS)

If, following referral and investigation, CPS finds it necessary to remain involved with families for more than 90 days, the social worker must obtain either a court order or a voluntary service agreement with the family. CPS may provide in-home protective services to keep a child safely in the family home. In home services may include regular visits to the home by the assigned social worker or a trained paraprofessional. The services may further include practical assistance with food and housing, child care, counseling, Home Support Specialists, coordination with

Public Health Nurses and/or outpatient alcohol/drug treatment. CPS may also provide temporary out-of-home care during assessment or reunification efforts.

In providing these services, the social worker's primary goal is to ensure the safety of the child, while recognizing the child's need for permanence in a family setting. Whenever possible, social workers strive to strengthen the family in order to prevent child removal and/or reduce the length of stay in temporary out-of-home care.

Home Support Specialists

Paraprofessional staff are available to teach and demonstrate basic physical and emotional care of children, personal hygiene, nutrition, homemaking and life skills for at-risk families served by CPS or CWS.

Child Welfare Services (CWS)

CWS provides both permanency planning and intensive treatment services to children and families who need help with chronic problems such as ongoing abuse/neglect or intensive medical needs. The children served in this program are dependents of the state who are in out-of-home care and/or legally free for adoption, or children who may be in a placement under a voluntary agreement between the department and the parents.

Risk Assessment Process

To ensure child safety, the risk assessment process continues to be refined. Over the past year, a number of new tools have been developed to help workers assess child safety at specific decision making points in the life of a case. These tools include:

- *Safety assessments:* This assessment tool is mainly used by CPS, and is designed to provide a structured and consistent way to assess a child's safety. It is designed to help make immediate decisions about current safety for a child in the home, and is based on conditions that place children at risk of harm.
- *Safety plan:* CPS utilizes the safety plan if there is a determination that a child may be at risk of harm, but will be remaining in the home. The plan helps workers identify and implement safety measures for the child, and allows the child to remain in the home if that is possible and safe.
- *Investigative risk assessment:* On completion of an investigation, CPS workers use the Investigative Risk Assessment to provide a structured approach to assessing the risk of future child abuse and neglect and to differentiate children who are at low, moderate, and high risk of abuse.
- *Reassessment of risk:* The reassessment is a tool to help assess whether risk levels have

changed throughout the course of a case. It is used to identify changes in risk factors, and to help social workers evaluate the effectiveness of interventions.

- *Reunification Assessment:* The reunification assessment determines the appropriateness of returning a child home from out-of-home care. It is used to identify conditions that have changed. It is also used to assess risk of harm, to evaluate the effectiveness of the service plans in reducing risk, to assess the caregiver's capability to parent the child, to assess the impact of reunification on the child and the family, and to structure the decision-making process for reunification.
- *Transition and safety plan:* The Transition and Safety Plan is based on the results of the reunification assessment, and addresses any high-risk factors. It is developed in collaboration with the parents and those who will be providing support to the family. It identifies safety needs for the child, protective factors for the child, the child's needs, and the supports that will be required for a successful reunification process.

(2) Contracted/paid services

Home-based services

Home Based Services (HBS) are designed to prevent or remediate problems that may result in out-of-home placement or assist in reunification. Such services are provided in the context of a comprehensive permanency plan and may include:

- Basic goods and services; (e.g., food, clothing, shelter, furniture, health, utilities, transportation);
- Paraprofessional services; (e.g., parent aides);
- Parent training; and
- In-home counseling to prevent out-of-home placement;

Family Preservation Services

Family Preservation Services (FPS) help reunify children with their families, and help families whose children face substantial likelihood of out-of-home placement. FPS is available within 48 hours of referral, and is offered for a maximum of six months by a contracted service provider. Interventions focus on resolving immediate crises and strengthening family relationships with the help of formal and informal family and community resources.

Intensive Family Preservation Services

Intensive Family Preservation Services (IFPS) are voluntary, intensive in-home therapeutic services (6-10 hours per week) for up to 40 days. If paraprofessionals are used, the services can be provided for up to 90 days. Services are available seven days a week, 24 hours per day.

These services focus on improving the family's ability to overcome a crisis and to remain together safely.

CPS/CWS Child Care

Subsidized child care can be provided for at-risk families as part of a DCFS case plan, at no cost to the family. This service is utilized to provide support to families and children while they are receiving services.

Parenting Classes

Parenting classes are offered on a local basis for families. Some CA offices provide parenting classes through the Home Support Specialist position. For those offices that do not have a Home Support Specialist available, parenting classes are conducted through local providers who are contracted to provide the service. Although many offices offer parenting classes through a variety of culturally based approaches, some regions have reported a lack of culturally appropriate services in their areas.

Supervised Visitation

Contracted providers, as well as DCFS staff, may provide supervised visits with children and families. Appropriate and frequent visits between parents and children are correlated with successful reunification.

Transportation

Transportation services may be provided by contracted agencies to families involved with DCFS. Transportation assistance helps families get to necessary appointments and access available services.

Family Group Conferences

Family Group Conferences helps bring families together to allow them to make decisions in the best interest of their families. It provides a structure that allows extended families to assume a decision-making role, as well as a responsibility for providing for and protecting the children in their extended families. This increased family involvement helps to alleviate the need for out-of-home placement of children. If out-of-home placement is necessary, the Family Group Conference helps utilize relative and fictive kin placements.

Family group conferencing in Washington is based on the Family Group Conference model developed in New Zealand. In 1989, the model was enacted into law in New Zealand and is now required in all cases of child abuse prior to court involvement. More recently, parts of Canada, Australia, the United Kingdom and the U.S. have implemented a similar design.

The model assumes that if families are recruited, included and provided with adequate information, they can develop appropriate plans to care for and protect their children and deal with family problems. The family is seen as the "expert" on themselves. They know where their strengths lie, as well as their weaknesses. They know who the safe caregivers are, what resources and family supports can be counted on, and what they are capable of doing.

(3) Community services

A variety of community-based, state-paid services are also mobilized to support reunification. These include mental health care, substance abuse treatment, domestic violence education and treatment and economic and employment services.

Mental Health Services

Mental health services in Washington are delivered by county-based entities called Regional Support Networks (RSN's). The RSN's are responsible for providing services and supports for acutely or chronically mentally ill adults and severely emotionally disturbed children. Prepaid Health Plans (PHP's) for outpatient services were created in response to a federal waiver granted to the state to establish regional administration of the Medicaid program. The RSN/PHP's offer a wide variety of mental health services to clients based on their individual needs. Mental health services are provided through a certified vendor pool of community mental health centers.

There are a variety of services available to enrolled clients including: 24-hour crisis response, interpreter services, brief interventions, case management, psychiatric and medical services, in-home services, employment/vocational services, homeless outreach and engagement, housing/residential services, day treatment, individual and group therapy, family therapy, psychiatric consultation to schools, medication management, cultural consultations and culturally appropriate care, education and training opportunities, and consumer/advocate-run services. Services may vary by PHP provider. (Refer to Chapter Ten: Child and Family Well-being for additional information on the issue of mental health care).

Although these services are available, it is often difficult to access mental health services for children served by the agency on a timely basis. There is often a waiting list for services, and when a child does receive the service, there is often an imbalance between the long-term mental health needs of the children and the short-term focus of current treatment methods.

Substance Abuse Prevention/Treatment

The Division of Alcohol and Substance Abuse (DASA) is the state agency that coordinates efforts to help individuals and communities with problems related to the abuse of drugs and alcohol. DASA contracts with organizations in the community to provide prevention, treatment, and other support services for individuals with problems related to alcohol, tobacco, and drugs

DASA works with county government, tribes, non-profit organizations, and other state agencies to develop prevention programs, and provide treatment programs. Prevention programs prioritize their focus on:

1. Young children because they have not yet started using alcohol, tobacco, or drugs;
2. Youth because they face strong pressure from their friends to use alcohol, tobacco, and drugs;
3. Parents of very young children and pregnant women because of the influence they have over their children.

DASA also provides treatment services that are based on the knowledge that addiction to alcohol and drugs is a progressive disease, and that early intervention and treatment result in long periods of sobriety, abstinence, and/or reduced drug use. For some eligible individuals, DASA provides a variety of support services including housing following in-patient treatment, youth support services, child care when a parent attends an outpatient treatment appointment, and transportation to/from appointments. DASA contracts with programs in the community to provide these services.

People eligible for treatment services include persons who are low income, have few resources, and are abusing alcohol or other drugs. DASA prioritizes intervention and treatment for:

1. Pregnant women, new mothers, and families with children;
2. Injection drug users;
3. People with HIV/AIDS;
4. Referrals from child protective services; and,
5. Street youth and youth in conflict with their families.

Although Washington has a variety of substance abuse treatment facilities located throughout the state, it is still difficult to access timely treatment for people in need. Due to the high demand, people often have to wait for extended periods of time to enter into treatment. Although the people listed above are prioritized for treatment, they still have to wait, at times. Washington offers several treatment programs across the state where mothers and children are co-located, so that a child does not have to be separated from his or her mother while she is receiving treatment for substance abuse issues.

Domestic Violence Services

The Domestic Violence Program contracts with local agencies for services to victims, manages the state domestic violence perpetrator treatment program, and provides policy analysis, technical assistance and training opportunities for service providers and others throughout the State of

Washington. The Domestic Violence Program also hosts the Washington Violence Against Women Network, a public resource directory on domestic violence and sexual assault.

DSHS administers state and federal funding for domestic violence shelter and advocacy services. The Domestic Violence Victim Services Program (located in CA) contracts with 44 domestic violence shelter agencies and 12 non-shelter based agencies throughout the State of Washington. DSHS also contracts for the statewide domestic violence hotline program and for statewide technical assistance and training services from the Washington State Coalition Against Domestic Violence.

DSHS manages the statewide certification of domestic violence perpetrator treatment programs. Also located in the CA, this program ensures that certified programs provide perpetrator treatment in accordance with the state law and rules that were specifically designed for domestic violence perpetrators. DSHS and the Office of Crime Victims Advocacy (in the Department of Community, Trade and Economic Development) launched a public website known as the Washington Violence Against Women Network - WAVAWnet. This website, managed by DSHS, provides information to the public on domestic violence and sexual assault resources and training opportunities across the state. It also includes a private access site for domestic violence and sexual assault programs to engage in secure email communication and discussion board conversations.

Economic and Employment Services

Temporary Assistance for Needy Families (TANF) provides temporary cash and medical help for families in need. Some families participate in the WorkFirst Program. The WorkFirst Program helps participants find and keep jobs. In addition, persons who are caring for a relative's child, are legal guardians or are acting in the place of a parent are also able to apply for TANF benefits on behalf of these children through the Non-Needy Relative, In Loco Parentis and Legal Guardian Program. General Assistance Unemployable (GAU) is a state-funded program that provides cash and medical benefits for persons who are physically and/or mentally incapacitated and unemployable for 90 days from the date of application.

There are also medical programs providing coverage for children living in Washington State and basic health care coverage at a reduced rate for individuals and families who are Washington residents, and qualify, based on income.

Employment services are available for people 21 years of age and older. Services provide ongoing support and training for eligible persons with paid jobs in a variety of settings and work sites. This may include individual or group options in the community and specialized industry settings. Community Access provides activities, special assistance, advocacy and education to help eligible persons participate actively in their community. Resources are limited and needed services may not always be available.

All of these services are provided through the Economic Services Administration (ESA), which

works closely with CA on the *No Wrong Door* Initiatives. (Refer to Chapter Six: Agency Responsiveness to the Community, for additional information on *No Wrong Door*).

Alternate Response System

The Alternative Response System (ARS) is a voluntary program providing services to families who are involved with CPS and assessed as being at low risk for child abuse/neglect. The state Legislature requires that ARS services be available across the state and provide services in the least intrusive manner possible. CA Regional Administrations contract with community agencies to provide Alternate Response Systems. Services help families develop community support systems to keep children safe and families intact without CPS intervention. Priority is given to families who have one or more risk factors which research has shown to predict the likelihood of re-referral. Services focus on providing practical supports, but can also involve short-term counseling.

First Steps Program

The First Steps Program provides medical and support services for pregnant women. Participation in the First Steps Program is voluntary. The program provides a social worker and, depending upon the needs of the client, may include referrals for other services. Services that may be provided include:

- Home visits by a public health nurse,
- Dietician services,
- Counseling, and
- Maternity case management.

III. Policy Information

CA has developed a policy framework to support reunification. *The Practice Guide to Risk Assessment* helps workers use the array of tools developed for the Kids Come First initiative. The practice guide includes definitions and examples to guide workers in the decision-making process.

In addition, the *Case Services Policy Manual* outlines laws and policies throughout the life of a case, from intake, assessment, and planning through case resolution. The accompanying *Practices and Procedures Guide* describes good practice and information on how to implement the policies described in the manual.

IV. Initiatives

Kids Come First Action Agenda

The Kids Come First Action Agenda (KCF) is a comprehensive approach to improving the child welfare system in Washington. It was introduced in 2000 to clarify the paramount concern for the safety of children. It is based on four goals:

1. Assure that the safety of children is the highest priority,
2. Improve the well being of children in out-of-home care,
3. Enhance partnerships to protect children, expedite permanency and increase stability, and
4. Improve the quality and effectiveness of the child welfare system.

Kidscreen

Kidscreen is a legislatively mandated screening program to assess the needs of children who are placed in out-of-home care. Kidscreen implementation began in September, 2001. This screening process is used to provide planning for children who remain in care longer than 30 days. The state requires that Kidscreen be conducted for children within the first 30 days of placement.

Kidscreen assess the condition and level of functioning in five life domains:

1. Physical/medical,
2. Developmental,
3. Educational,
4. Family/social and
5. Emotional/behavioral.

Standardized tools are used in assessing the Developmental and Emotional/behavioral Domains. Other methods are used to assess the Physical/medical, Educational, and Family/social Domains. Action Plans to provide services for identified issues are developed for each child. Results of the screening inform individualized service plans for each child.

Kidscreen helps in the reunification process by identifying the child's needs, linking them to needed services and engaging caregivers in this process. These needs are then outlined on the safety and transition plans, so that the right supportive services may continue when the child is reunified with parents or stabilized in another permanent placement.

Family Access to Stabilization Team (FAST)

Several regions in the state are collaborating within their local communities to develop programs similar to FAST (Family Access to Stabilization Team), which started in Pierce County. This model works to immediately bring families together to deal with a crisis happening to one

of its members. Its success in locating relative resources is notable. For the period from January 2002 through June, 2002, FAST in Pierce County served 166 youth at risk for placement or hospitalization. At referral, 65% were at home or with relatives; at exit, 90% were at home or with relatives. In addition to Region 5, Regions 2, 3, and 6 are also implementing the FAST principles.

IV. Lessons Learned During the Statewide Assessment

CFSR Data Measures

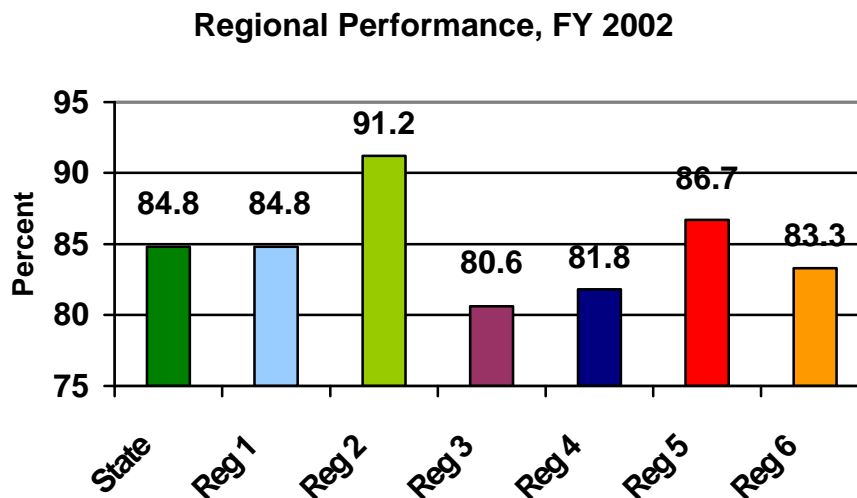
Reunification rates

When reunification is possible, it usually happens within one year of an out-of-home placement. Greater utilization of services, such as Intensive Family Preservation Services (IFPS), has led to more reunifications. The rate of reunification may decline over time as more emphasis is placed on earlier deployment of services to *prevent* out-of-home placement.

Over the past five years, CA has achieved an average reunification rate, in less than 12 months, of 85%, exceeding the federal standard of 76.2%. In FY 2002, 84.7% of children were reunified with their families in less than 12 months. In FY 2002, all regions of Washington met this performance measure target. See Chart 1, below.

Because the federal standard includes children with all lengths of stay in out-of-home care, the large number of children in short-term placements in Washington has a significant effect on this measure. (Refer to Chapter Nine: Permanency for additional information and data on reunification).

Chart 1. Regional Performance on Timely Reunifications



(Source: Children's Administration Data Unit, Monthly Trend Report, October 2002)

Strengths

- Currently, Washington is exceeding the national standard for reunifying children with their families within one year of placement. The national standard for reunification is 76.2% or more, Washington is currently at 84.8%.
- The development of the Kids Come First tools has assisted social workers in case planning and decision-making throughout the life of a case. The reunification assessment and safety planning tools are designed specifically to assist social workers in decision making regarding reunification.
- Washington has a continuum of services available statewide to support reunification efforts with families.

Challenges

- Regions report a lack of culturally appropriate services in some areas, which may be affecting the opportunity for families to receive necessary services to support reunification.
- Sometimes it is difficult to access mental health services, on a timely basis, for children served by the agency on a timely basis. There is an imbalance between the long-term mental health needs of the children and the short-term focus of current treatment methods.
- There is a lack of timely access to substance abuse treatment. People who are in need of substance abuse treatment often have to wait for extended periods of time to enter into treatment.

Promising Practice

COA Self-Study

The Council on Accreditation requires a variety of supports for successful reunification, including:

- Creating a positive environment in the foster or kinship home that maintains connections with the biological parents;
- Supporting the biological parents' ability to care for the child; and
- Addressing the challenges and conflicts that led to placement.

COA also requires a variety of services to strengthen families so that children may return home, including trial home visits.

- 2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.**

I. Overview

During calendar year 2002, roughly one of every 35 children in the state was alleged to be a victim of child abuse or neglect. According to CAMIS data, as of May 21, 2003, CA received 77,051 Child Protective Services (CPS) referrals in 2002. Less than half of those referrals, (47%), met the criteria for acceptance by CPS. The 36,585 CPS referrals accepted in calendar year 2002 resulted in a total of 5,161 children being placed.

In the majority of accepted CPS cases, where safety risks are assessed at a less severe and emergent level, CA responds by providing a range of services, resources, or referrals to mitigate risks while maintaining children safely within their family home.

In some instances, the agency's response may involve voluntary service agreements in which the referred family commits to engaging in specific activities to reduce risk of abuse and/or neglect. In other cases, the social worker may pursue establishment of an in-home dependency to anchor the service agreement in a legally binding court document.

For cases that are assigned a low standard of investigation (i.e. accepted CPS referrals with a risk tag of "1" or "2"), CA's policy is to respond by providing information and resources. This includes possible referral to the Alternative Response System (ARS) within the community. During fiscal year 2002, over 4,500 lower risk families were diverted from CPS and served in the community through the Alternative Response System.

Partners in prevention

In addition to CA's efforts regarding pre-placement services, a broad network of prevention programs exists across the state. Some 93 family support centers and a variety of family support programs have been identified in Washington. While not every service is available in every county, there are some prevention services available in each county. Several research-based home visiting programs are being implemented in Washington, including Healthy Families and the Nurse Family Partnership program. A wide variety of parenting classes are offered and provided by community colleges, the cooperative extension service and private non-profit organizations. Family support centers make parenting education services accessible in almost every Washington community. Accessibility to crisis nurseries is more limited, although the number continues to grow; currently three crisis nurseries in Washington offer 24-hour-a-day, 7-day-a-week services. Several other crisis nursery programs are available on an as-needed basis, generally for less than 24 hours.

The Washington Council for Prevention of Child Abuse and Neglect (WCPCAN) was organized in the early 1980's to lead Washington State's efforts to prevent child abuse and neglect, and to encourage and support effective community prevention efforts. WCPCAN is funded under the community-based Family Resource and Support Program as an office of the Governor and a freestanding public agency. CA has a representative on the council. WCPCAN leads efforts to create a more cohesive network of prevention programs in Washington. The primary goals of this network development are to share resources, identify gaps, and to reduce duplication of services.

To enhance community partnerships in preventing child abuse/neglect, and promote child safety, the state has launched intensive public information campaigns such as *EndHarm* and *Keep Them Safe*, which are described in more detail below.

Parent Trust Program

Since 1990, CA has partnered with Parent Trust to provide services to families in Washington State. The Parent Trust Family Help Line is the only free, confidential, statewide phone service for Washington families to call before child abuse occurs. The three most common concerns for parents were:

- Need for support;
- Anger with a child's behavior; and
- Crisis with a teenager.

The Family Help Line is also the statewide number used for the Child Abuse Prevention Blue Ribbon Campaign, the Shaken Baby Syndrome Prevention Campaign and the Relatives as Parents Program.

Parent Trust also conducts parent support groups that serve families at the highest risk for child abuse and neglect. From July 2002 to January 2003, Parent Trust handled 1,090 Family Hotline Calls. During this same time period, 48 Parent Trust Groups provided:

- 6,720 total visits to 1001 family members
- 647 caregivers attended 30 Parent Trust groups
- 354 children attended 18 Parent Trust Groups

II. Policy Information

CA policies require that social work staff provide reasonable efforts to prevent placement and provide services within the least restrictive setting possible. Examples of CA policies supporting efforts with pre-placement preventive services include:

Assessing for Reasonable Efforts

Policy requires the social worker to assess services available to the family within the home. The social worker is not expected to place any child unless the child is at risk of imminent harm and/or there are no alternative services available to keep the child safely at home. (*Source: CA Practices and Procedures Manual, 4252*)

Investigation standards in low-risk cases

The low standard of investigation may be used when intake staff and/or the supervisor assess a referral as low or moderate low risk of CA/N. Parameters for low risk investigations include:

- Response within 10 calendar days from the date of referral;
- Referral to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring;
- The social worker may send a letter to the family, make a phone call to the caregiver(s), or make a brief home visit to provide the following information:
 - ⇒ Notification that CPS has accepted a referral for investigation;
 - ⇒ Information included in the referral regarding allegations of CA/N;
 - ⇒ The local DCFS telephone number/contact;
 - ⇒ Community resources which may be available to address the condition; i.e., information and referral; and
 - ⇒ Notice that no further investigation will take place in response to this referral.

Referrals that are tagged at intake as low risk and receive the low standard of investigation are required to have a case folder created in addition to the electronic file. All other referrals that are tagged at intake as low risk and receive the low standard of investigation are opened and closed in CAMIS. Collateral information in the form of additional documentation or correspondence is filed and maintained by each office.

If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) is printed and included in the case file.

Service Delivery

The social worker's primary goal is to attempt to ensure the safety of the child within the context of the child's need for permanence in a family setting. The social worker's emphasis is to strengthen the family in order to prevent removal and/or reduce the length of stay in temporary out-of-home care.

DCFS employs the least intrusive service delivery model, which engages the family in problem solving efforts provided the child is adequately protected.

DCFS supervisors are responsible for consulting with social workers in helping to formulate the most effective plan for the family, which includes information regarding agencies and services available to clients. Social workers refer clients to appropriate available services necessary to alleviate the risk of CA/N. Such services include FPS and IFPS. (*Source: CA Practices and Procedures Manual, 2500-2512*).

Safety Assessments

As discussed in question one of this section, safety assessments are utilized to provide a structure and consistent means of assessing a child's safety in the home. If there is a determination that a child may be at risk of harm, but will continue to reside in the home, a safety plan must be established. The plan is a means of helping workers identify and implement safety measures for the child to be able to remain in the home. Safety plans are developed with the family, and are tailored to meet each families circumstances.

III. Program Description

CA's two most comprehensive service programs aimed at prevention of placement are CPS and Family Reconciliation Services (FRS).

Child Protective Services

As noted in question one of this chapter, CPS provides 24 hour, seven day a week intake, screening and investigative services for reports of suspected child abuse and neglect. CPS may provide in-home protective services to keep a child safely in the family home or provide temporary out-of-home care during assessment or reunification efforts. If risk warrants ongoing placements, dependencies must be established in court and cases are prepared for transfer to ongoing child welfare services.

Law enforcement, courts, and community teams are also critical elements of the child protection system. Each has a distinct role and is integral to the checks and balances designed to protect children from abuse and neglect and to safeguard families from unnecessary disruption.

Family Reconciliation Services

FRS is a voluntary service devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. FRS is available to families seven days a week, twenty-four hours a day. Families requesting FRS are offered assessment and, if appropriate, in-home crisis counseling.

Services Available to Support Families

Intensive Family Preservation Services (IFPS)

When CA believes a child is at "imminent risk" of foster care placement or is in need of reunification services, the family can be referred for IFPS through a contracted community agency. IFPS is a voluntary service that provides intensive in-home therapeutic services (6 to 10 hours of therapy per week) for up to 40 days. If paraprofessionals are used, the services can be provided for up to 90 days. Services are available seven days a week, twenty-four hours per day. IFPS focus on improving the family's ability to overcome a crisis situation and to remain together safely.

Family Preservation Services (FPS)

Family Preservation Services are available to families whose children face "substantial likelihood" of being placed outside the home, or to reunify a child with their family from out-of-home care. Family Preservation Services are available to families within 48 hours of referral and are offered for a maximum of six months by a contracted service provider. Interventions focus on resolving the immediate crisis while strengthening a family's relationships through a variety of community resources.

Alternate Response System

The Alternative Response System (ARS) is a voluntary program providing services to families who are involved with Child Protective Services, and assessed as being at low risk for child abuse/neglect. (Refer to question one of this chapter for more information).

Early Intervention Program (EIP)

Trained public health nurses are available to provide voluntary in-home nursing services for at-risk families with young children. This can prevent the need for more intrusive DCFS interventions.

Home Based Services (HBS)

DCFS social service staff can purchase supplemental services for families who are at risk of child placement or in need of reunification from foster care. HBS are individualized to meet each family's need (within available resources). Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.

Home Support Specialists

Paraprofessional DCFS staff are available to teach and demonstrate basic physical and emo

tional care of children, personal hygiene, nutrition, homemaking and life skills for at-risk families being served by CPS or CWS.

Medicaid Treatment Child Care

Medicaid Treatment Child Care (MTCC) provides medically necessary psychosocial services to young children at risk of child abuse and neglect. Each child is assessed and an individual treatment plan is developed to address the needs identified in the assessment. The services provided include, but are not limited to, therapeutic play; individual counseling for behavior modification; family counseling; group interventions with both the child and the parent; monthly home visits; and facilitated groups for caregivers. These services are available for families served by CPS or CWS and for parents participating in certified Division of Alcohol and Substance Abuse (DASA) treatment programs.

Street Youth Services

This program is intended to help children who are not appropriately served through traditional methods of counseling. These children, referred to as street youth, are living away from their homes and may be chemically dependent, mentally ill, and/or actively involved in prostitution or delinquent behaviors. Services are aimed at diverting youth at risk of street involvement and providing emergency and transitional services for youth who are ready to leave the streets.

End Harm

EndHarm is a public information campaign which is intended to increase public awareness about child abuse/neglect and the availability of both CPS and Adult Protective Services (APS) in Washington.

CA is working with other DSHS Administrations, and a broadly based coalition, to engage Washington families and communities in preventing child abuse and neglect. The coalition includes the Washington Department of Social and Health Services, Washington Council for Prevention of Child Abuse and Neglect (WCPCAN), Washington State CASA (Court Appointed Special Advocates) and Children's Hospital and Regional Medical Center. To make it easy for the public to report abuse or neglect of a child or a vulnerable adult, DSHS established a toll-free hotline: 1-866-ENDHARM (<http://www.dshs.wa.gov/geninfo/endharm.html>). The number is advertised to the public at every opportunity. Each April, which is Child Abuse and Neglect Prevention Month, the coalition conducts a concentrated media campaign (<http://www.dshs.wa.gov/geninfo/capmonth.html>) to raise public awareness of the importance of citizen engagement in reporting suspected abuse and neglect of children. During the month, the coalition published a new web site, *Keeping Your Baby Safe* (<http://www.dshs.wa.gov/geninfo/babysafe.html>) with tips for new parents and new DSHS studies about keeping babies safe. Calls to the EndHarm hotline increased by 37% during the month of April 2003 over the previous month.

Keep Them Safe

A statewide review of data gathered and analyzed by the Washington Department of Health (DOH) showed that alert adults in the community might have been able to prevent nearly 60 percent of the unexpected childhood deaths in Washington State. DOH and DSHS are using this information to enhance child health and safety across the state by initiating the *Keep Them Safe* campaign. *Keep Them Safe* is a public information program that provides resources for parents and families regarding the leading causes of accidental deaths.

IV. Initiatives

Consideration of Enhancements to ARS

As a result of the work done by the *Select Committee on Adolescents in Need of Long Term Placement* convened by DSHS Secretary Dennis Braddock, a workgroup is currently studying new models for CA's Alternative Response System. One core goal of this effort is to identify effective methods for diverting families from a primarily investigative/forensic type of CPS intervention, and serving increasing numbers of families through an approach characterized by engagement and service provision. Currently, "alternative response" models from other states are being studied and consideration is being given as to how best to integrate elements of such models with CA's model of comprehensive risk assessment.

Ongoing Evaluation of Family Preservation Services

The Office of Children's Administration Research (OCAR) has examined the effectiveness of both the ARS system and FPS/IFPS. Continuing this annual evaluation is part of the agency's strategic plan. (Results are discussed below.) At the time of this writing, the state Legislature is considering a proposed bill that would increase requirements for identification of service outcomes in FPS/IFPS contracts.

V. Lessons Learned During the Statewide Assessment

Family Preservation Services

In assessing effectiveness of FPS/IFPS services, OCAR's most recent annual report states in summary:

"While the overall placement rate meets legislative requirements, the re-referral rates of 41% (IFPS) and 38% (FPS) are concerning. In comparison, families referred to the Alternative Response System program (low risk cases) and those referred to CPS (moderate to high risk cases) have a re-referral rate of 26% and 17% respectively. Families referred to IFPS or FPS services have children who are identified as at imminent risk or substantial likelihood of place

ment based on protection issues. While re-referral doesn't automatically mean that a child is harmed, there is certainly a question of continuing risk.

That, in combination with placement outcomes where over 1 in 4 children were placed within 6 months of IFPS services, and 48% of the children identified for reunification were not reunified or re-entered another placement, suggests a need for further examination."

OCAR's annual reports evaluating effectiveness of FPS/IFPS include recommendations for CA policy and practice. However, it is not clear that these recommendations have been fully implemented. One recurring recommendation is to revise the FPS/IFPS contracting and reporting processes to more clearly delineate the types of services being provided to reduce specific risks, and heighten the focus on outcomes within family preservation services reports.

Strengths

- According to an OCAR report on ARS, over 2,400 families were diverted from CPS during the 1999/2000 report period and referred to ARS in the community.
- Of children whose IFPS interventions ended between July 1, 2000 and June 30, 2001, 77% of those who were served for placement prevention did not enter placement, while 23% did enter placement during the six months following IFPS intervention.
- Several collaborative projects exist across the state that combine CA resources with other resources (primarily schools and mental health) to keep children in their own families.
- CA has placement prevention resources through the provision of Family Preservation Services, Family Reconciliation Services, and Home Based Services
- CA has established processes that encourages shared decision making and inclusion of relevant parties (e.g.: Child Protection Teams, Multi-Disciplinary Teams, prognostic staffings, administrative reviews, and the Local Indian Child Welfare Advisory Committee.)

Challenges

- Studies show that the majority of referrals for Family Group Conferences originate from CWS and that a smaller number originate from CPS, at the beginning of agency involvement. Studies have further shown that if FGC's are offered earlier in the life of a case, they may reduce the number of children in care over 60 days. There is currently no policy direction for CA on the use of FGC's across the state.
- Out of the 2,400 families that were diverted from CPS during the 1999/2000 report period, and referred to ARS, only 79% were offered services. Some of the families that were referred to ARS were not offered services, as they were determined to be high risk and sent back to CPS. Further information needs to be obtained as to whether these cases were ade-

quately screened at the point of referral to CPS.

- For clients receiving IFPS services from January 1, 2000, through December 31, 2000, the re-referral rates to CPS and FRS were 41%.

Promising Practices

Drug Court

Drug Court has been piloted in several regions; success is leading to statewide expansion. Referral of DCFS client families allows for a unified approach for court activities and a holistic view of the family issues. This approach can facilitate effective provision and utilization of preventive pre-placement services.

Wrap Around Services

CA contracts for a variety of programs offering wraparound services to keep kids in their family home or placement. One example of this is the Catholic Community Services (CCS). CCS applies wraparound principles in multiple contracted programs across the state. Wraparound principals involve looking at the whole picture of a family or child's needs. It usually involves the coordination of multiple service providers and seeks to enhance strengths as well as assist with areas of concern.

3. Discuss how effectively the State is able to meet the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.

I. Overview

CA's Strategic Plan includes the goal of "providing stable, nurturing and permanent placements as quickly as possible for children who are placed into out-of-home care." CA's efforts to provide permanency for children in care include provision of services designed specifically to facilitate permanent placements. Within this particular set of services, some are provided by agency social work staff, some by community partners and others by contracted providers.

A core set of permanency activities are provided in the course of case planning and case management by CA staff. While the message that "permanency planning starts from day one" is infused throughout the mandatory training for all new agency social workers (Refer to Chapter Four: Staff and Provider Training), one specific component conveys the principles and practices of concurrent planning. Advanced trainings in the practice of concurrent planning are also provided, as well as specialized trainings such as "Concurrent Planning with Substance Abusing Parents".

CA's commitment to active, concurrent planning to achieve early permanence for children is embedded into the structure of case management and social work practices statewide. The array of permanency-related activities provided by agency staff includes, but is not limited to, prognostic staffings, permanency planning staffings, and monthly supervisory review of all cases (Refer to Chapter Two: Case Review System for additional information on these activities).

Examples of permanency-promoting services provided by community partners include the court system's involvement in permanency planning via court review of cases that adhere to the Adoption and Safe Families Act (ASFA) requirements and shared case planning services through community-based multi-disciplinary teams.

CA has enjoyed a multi-year relationship with the *Families For Kids Partnership* (FFK). This public-private partnership has engaged high level professionals in building and implementing the Washington Permanency Framework, with the vision of achieving a permanent home for every child. Additional information concerning this partnership for permanence is described below under "Program Description".

II. Programs

(Refer to Chapter Seven: Foster and Adoptive Home Licensing, Approval, and Recruitment for additional information on adoption programs)

CA's adoption program focuses exclusively on finding permanent homes for children in foster care. These children may be difficult to place for adoption because of emotional and behavioral problems, developmental delays, or because they are part of a sibling group or are older (over the age of five years). Adoption Services recruits and screens families interested in adopting children who are in the care and custody of CA. CA places waiting children in homes with approved adoptive families and provides adoption planning, preparation, and pre- and post-placement services to the adoptive family and child. CA does not provide adoption services to individuals adopting independently or internationally.

Northwest Adoption Exchange

Since 1976, the Northwest Adoption Exchange (NWAEE) has provided a photo listing service to find families for children awaiting a permanent placement. Every year, over 300 children on the exchange are placed with families from all over the United States. The NWAEE facilitates the placement of children from the Northwest States of Alaska, Idaho, Oregon and Washington. The exchange is a strong family advocate, helping families throughout the system and providing answers to questions about adoption. The exchange also provides the latest information and links about adoption.

Washington Adoption Resource Exchange (WARE)

WARE provides recruitment services for adoptive families through photolisting books distributed throughout Washington state.

Adoption Support Program

Funding is available through the Adoption Support Program to help families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Medical services through the state Medicaid program, pre-authorized counseling, child care, and intensive supervision are some of the services that may be subsidized through Adoption Support. In FY 2001, Washington's Adoption Support Program served over 6,000 children. (Refer to Chapter Nine: Permanency for data on the numbers of children receiving adoption support services).

Independent Living Services (ILS)

CA requires an assessment of independent living needs and completion of the Independent Living plan for all foster youth ages 16 through 18. Youth who are likely to remain in care until their eighteenth birthday will have a plan for independence developed with their social worker.

Throughout the state, community agencies and federally recognized Tribes contract with the administration to provide Independent Living Services (ILS). Contracted ILS providers are a resource to assist youth in gaining the skills identified in their independent living plan. Twenty community agencies provide skill-based services in the areas of education, employment, housing, interpersonal skills and daily living skills. In 1999, the Chafee Foster Care Independence Act increased funding to help states implement ILS services and allowed them to provide services to former foster youth between the ages of eighteen and twenty-one.

Relative Search throughout the life of the case

CA's practice is to conduct relative search not only at the outset of a case, but throughout the life span of cases. Diligent relative searches increase the opportunities to discover permanency options for children in care.

Recruitment of Adoptive Families

Given that many children are adopted by their foster families, CA sees recruitment and retention of foster resources as an essential piece of adoptive home recruitment. CA's Foster Care Improvement Plan (FCIP) includes participation by staff members in CA, Casey Family Programs, foster parents and other stakeholder groups. Goals of the plan are to increase the number of newly licensed foster homes while retaining already-licensed foster homes. Strategies include the use of current and former foster parents as recruiters and as guides through the licensing process via a contract with Families for Kids - Recruitment Resources (FFK-RR). Each of the six regional recruitment coordinators for FFK-RR meets monthly with leaders of the regional teams of the FCIP per the locally designed Regional Needs Assessment and Recruitment Plans.

Retention is supported by a new respite policy featuring "retention respite" of 2 days/month for foster parents and standardized rates for respite care providers.

Recruitment strategies for adoptive families include:

- Child specific recruitment contracts;
- Staff participation in adoption consortia;
- Purchase of Service contracts which provide payment to private agencies to offset the costs for adoptive placement in and out of state;
- Adoption allotments to regions to augment recruitment of adoptive homes for legally free children by sources such as assisting families to finalize adoptions in a timely manner, locat-

- ing placement options and facilitating adoptions of hard to place children, and contracting with private agencies to recruit and prepare potential adoptive families;
- Discussion of the need for adoptive families at foster family licensing training;
 - Registration of children with the Washington Adoption Resource Exchange (WARE);
 - Featuring specific children in the Northwest Adoption Exchange (NWAE) photo-listing book and/or on the NWAE website;
 - Adoption Incentive Payment Program to enhance regional projects;
 - KIDSFEST, an NWAE sponsored event that provides an opportunity for children and potential adoptive families to meet; and the
 - Removal of inter-jurisdictional barriers.

III. Policy Information

(Refer to Chapter Two: Case Review System for additional information on the policy issues reflected below)

Concurrent Planning

Permanency Planning is addressed in staff training and in the CA Practices and Procedure Guide (Section 4305 of the CA Practices and Procedures Guide: Permanency Planning and Section 43052: Acceptable Permanency Plans). Concurrent planning is required unless reunification with a parent is imminent.

When a plan other than return home, adoption, guardianship or third party custody is selected as the permanent plan, the social worker must identify the compelling reason why the other plan is in the best interest of the child.

CA policy requires ongoing permanency planning staffings throughout the life of each case. Within 90 days of placement a “prognostic staffing” or some other type of early staffing is required. This early staffing examines the prognosis of the family’s ability, commitment, and progress with respect to reducing the identified safety risks that led to placement. In this staffing, concurrent plans are clarified and relative search and service planning are reviewed.

At six-month intervals after the original placement date, permanency-planning hearings are conducted within CA. Like the prognostic staffings, these staffings emphasize critical thinking and shared decision making as permanency plans are re-examined in the light of current family progress and ongoing risk assessment.

Permanency Planning Staffings

A permanency plan is developed no later than 60 days from the time CA assumes responsibility for providing services, including placing the child, or at the time of a hearing, whichever occurs first. The permanency planning process continues until a permanency planning goal is achieved

or dependency is dismissed. The planning process includes reasonable efforts to return the child to the parent's home.

Permanency Planning Hearings

Whenever a child is placed in out-of-home care pursuant to RCW 13.34.130, the agency that has custody of the child (CA) is required to provide the court with a written permanency plan of care directed towards securing a safe, stable, and permanent home for the child as soon as possible. The plan identifies one of the following outcomes as a primary goal and may identify additional outcomes as alternative goals:

1. Return of the child to the home of the child's parent, guardian, or legal custodian;
2. Adoption;
3. Guardianship;
4. Third Party Custody;
5. Long-term relative placement;
6. Foster care long-term agreement; or
7. Independent Living (only if the child is 16 years of age or older).

IV. Initiatives

Family Drug Treatment Court

Drug courts have been piloted in several counties (e.g. Thurston, King Counties) and are expanding across the state. Birth parents who volunteer to be part of this program appear in court more frequently than in typical dependency proceedings, along with treatment providers and social workers. Positive results from pilot programs include increases in reunification rates for participants compared to the general population of DCFS cases (*Source: Washington Permanency Report 2002, Page 11*).

Permanency Summits

These annual conferences, convened through the Families For Kids Partnership, bring together a wide range of public and private sector professionals to review progress of the Washington Permanency Framework and conduct action planning for further permanency related improvements in the state's child welfare system.

V. Lessons Learned During the Statewide Assessment

Strengths

- CA uses the North West Adoption Exchange and Washington Adoption Resource Exchange registry to locate permanent placements for waiting children.

- Regional Adoption Consortia match children seeking a permanent placement with potential adoptive families.
- CA offers a strong Independent Living Services program for adolescents in care.
- Family Group Conferencing is used in some areas of the state to increase permanency planning for children and families.
- CA has policies in place that require workers to conduct diligent searches for relatives throughout the life of a case.
- The adoption support program provides post-adoption services for children with special needs.
- CA was awarded a Stuart Foundation grant to develop adoptive resources for 40 hard to place children statewide. The grant was used to develop a specialized recruitment contract in fiscal year 2002, focusing on the placement of 40 children who had been waiting the longest for an adoptive home. By the end of the first year, 26 of these children were placed into identified permanent homes, with several placements pending. Six of the original 40 children were removed from the program after determining that adoption was not the most appropriate plan, the child did not meet the program requirements, or the social worker decided to withdraw the child from the project.
- Families for Kids Partnership has been contracted to conduct a series of forums around the State addressing two main themes: *“Who Still Needs a Family?”* and *“Reunification”*. These forums have included a presentation of information in addition to gathering of staff feedback on the issues in their local area.

Challenges

- According to the 2001 Statewide Summary Report on Peer Case Record Review, relative searches were documented in only 63% of cases.
- There is a lack of appropriate adoptive placements for children with special needs. Although recruitment efforts continue, there are a number of legally free children under the age of six still awaiting a permanent placement (Refer to Chapter Nine: Permanency for data and additional information on this issue).
- There continues to be an increase in the number of children in out-of-home care longer than two years. (Refer to Chapter Nine: Permanency for data and additional information on this issue).

4. Discuss the extent to which all the services in the preceding items 1-3 are accessible to families and children on a statewide basis.

I. Overview

CA services are delivered through 44 local offices throughout the state. The state is divided into six administrative regions. All staff receive consistent training on policy and practice standards through CA's Office of Staff Development and Training. This training establishes basic consistency in practice and service delivery to client families across the six regions and 44 field offices statewide. The presence of the statewide policies on the CA Intranet affords easy access and reference for all staff, providing additional assurance of consistency.

However, the array of services available to families naturally varies from community to community. Urban communities typically offer a much richer array of specialist services than rural communities. DCFS social workers serving families in more rural settings often struggle with a lack of specialized services, and limited choices for service providers and service modalities. The demands on the individual regional budgets can also limit workers attempting to broker effective services to client families.

Ongoing systemic concerns regarding availability of services include:

- Need for greater availability and effectiveness of mental health services for children in care;
- Need for increased availability of drug/alcohol treatment for parents; and the
- Need for more culturally appropriate services for parents.

In addition, CA also offers services to clients whose primary language may not be English. These services are described below:

Limited English Proficient (LEP) Services

Any person whose primary language is not English, or is limited English proficient, qualifies for LEP services through CA. A person's primary language is defined as the language in which someone prefers to communicate. The following resources are available to CA staff in order to provide certified and qualified interpreters and translators for clients:

- Identified staff members whose bilingual skills have been certified by passing a DSHS language fluency examination or by a DSHS recognized professional organization such as the American Translators Association or the State of Washington Administrator for the Courts;
- AT&T Language Line Services which can access highly trained interpreters and linguists who speak more than 140 languages from any telephone, 24 hours a day;
- Agencies under contract with DSHS to provide translations and interpreter services; and
- The DSHS Office of Language Interpreter Services and Translations (LIST) which will translate or coordinate translation of department forms and publications.

Clients also have the right to secure, at their expense, their own interpreter or to have a family member or friend serve as their interpreter. This does not waive the responsibility of the CA to arrange for a certified or qualified interpreter. Staff shall not allow children to serve as interpreters.

In addition, CA provide all major written communication to LEP clients in their primary language at no cost and without significant delay. Major written communication includes DSHS publications, department forms and documents which:

1. Describe services, clients' rights and responsibilities, or changes in benefits, eligibility or service;
2. Request information from a client, a response on the part of the client, or notify a client of an adverse action; and
3. Require a client's signature or informed consent.

Written material that does not meet the definition of major written communication must be made available to clients in summary form in their primary language at no cost and without significant delay. CA contracts with providers across the state to translate documents for clients.

II. Initiatives

Kidscreen, as described in question one in this chapter and in the chapter ten of this assessment, is a statewide requirement. With leadership from the Office of Children's Administration Research, statewide and regional "Kidscreen Profiles" are being developed from over 6,000 individual Kidscreens completed as of May 2003.

Drawing on this body of data, regional Kidscreen profiles will display:

- The specific service needs identified for children within the region,
- Comparison of the service needs identified in the regional profile to the statewide Kidscreen profile; and
- Descriptions of specific interventions shown by research to be effective in addressing service needs identified in the Kidscreen profiles.

The developed regional and statewide Kidscreen profiles will help identify specific gaps in the array of services currently available to client families. In turn, identification of local service gaps will help to modify existing service contracts and to recruit and contract with providers who can deliver effective services.

III. Lessons Learned During the Statewide Assessment

Strengths

- CA offers a diverse response system in all areas of the state, including but not limited to: Alternative Response System, Family Preservation Services, Intensive Family Preservation

Services, Home Support Specialists, Child Protective Services, Child Welfare Services and Family Reconciliation Services).

Challenges

- There continues to be a shortage of culturally appropriate resources in some areas.
- Due to the rural nature of some communities, there is a shortage of available services to meet families' needs.

Promising Practices

The use of Kidscreen to identify both the needs of individual children and regional and state-wide service gaps doubles the program's benefit.